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VALUE-BASED PAYMENT TO SUPPORT CHILDREN'S HEALTH AND WELLNESS

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ABOUT BCBSMA FOUNDATION

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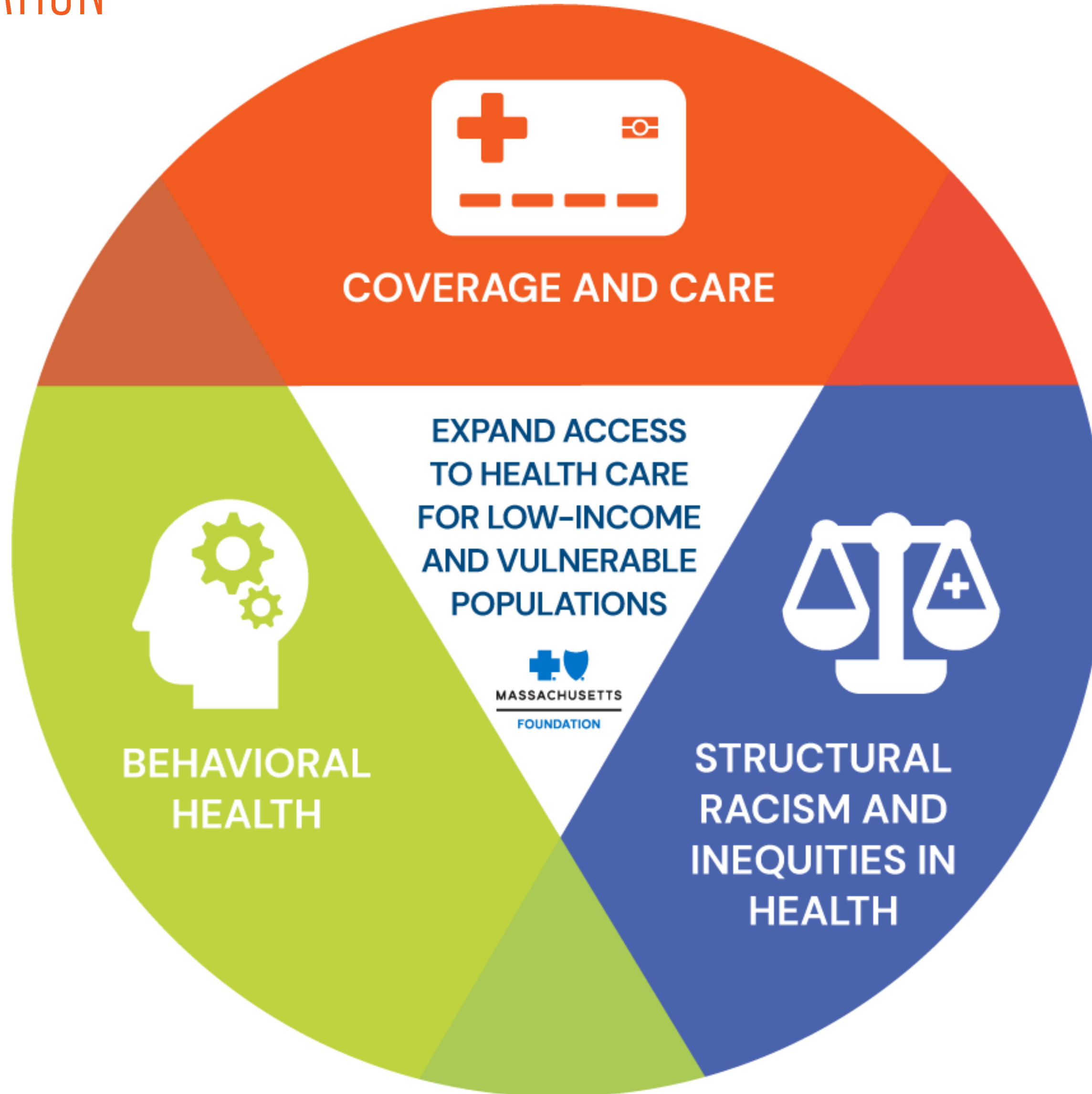

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ABOUT MMPI

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- promote the development of effective Medicaid policy solutions through research and policy analysis.
- promote broad understanding of MassHealth
- create a rigorous and thoughtful public discussion of the program's successes and the challenges ahead

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AGENDA

- Background/context for *Value-Based Payment to Support Children's Health and Wellness*
- Key findings from our report
- Policy & program recommendations for MassHealth

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BACKGROUND

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MASSHEALTH RECENTLY REFORMED HOW CARE IS DELIVERED TO MOST MEMBERS

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Three core features of these reforms:

ACO

- deliver physical & behavioral health care, and long-term services and supports (LTSS) to most members under 65
- pay tied to cost (and quality) metrics

Over **1.2 million MassHealth members** enrolled in ACOs as of October 2021

COMMUNITY PARTNERS (CP)

- Community-based organizations
- offer support services for members with extensive LTSS or behavioral health (BH) needs.

BH CPs served ~**33k MassHealth members** as of August 2021

LTSS CPs were serving ~**10k MassHealth members** as of August 2021

FLEXIBLE SERVICES (FS)

Allows ACOs to pay for certain health-related social supports in the areas of housing tenancy and nutrition for certain eligible members.

Since 2020, **9,951 MassHealth members** served by FS

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WHY FOCUS ON VBP AND CHILDREN?

50% of MassHealth members eligible for ACOs are children

Cost-saving incentives built into ACO contracts may drive focus on more costly adults

- Pediatric populations are generally healthier and lower-cost than adult populations.
- Return on investment for children's health is realized long-term, and may accrue to sectors outside the health system
- Children's health is inextricably linked to the well-being of caregivers, so improving children's health requires a focus on family units.

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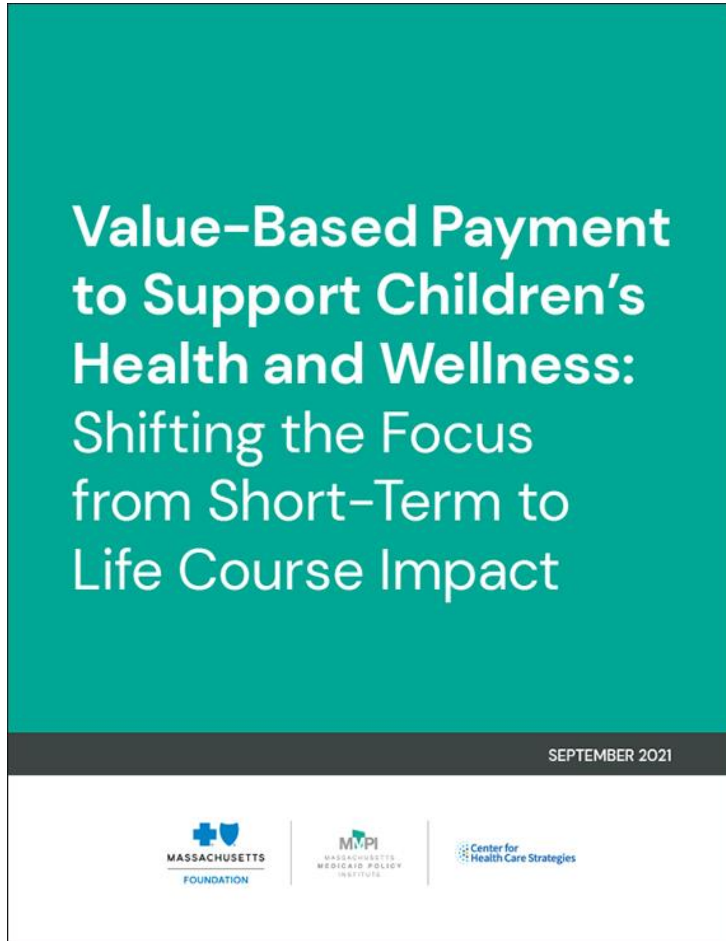
METHODOLOGY



Peer-reviewed and grey literature on VBP models to support pediatric populations

Interviews with 18 subject matter experts

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OVERVIEW OF MEDICAID VBP MODELS SERVING KIDS

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Few existing models specifically designed to serve pediatric populations

ACO

Variety of payment models to hold ACOs accountable for quality & costs to some extent.

State-led Medicaid ACO models tend to include both adult and pediatric populations

PRIMARY CARE MODELS

Include variety of payment types, much like ACOs but for a narrower set of services.

Often include adults and children.

Some examples of primary care payment models customized for children can be found.

EPISODE OF CARE PROGRAMS

For specific conditions or procedures over defined period of time.

Some states have episode of care programs that include conditions specific to children (ADHD, bronchiolitis, pediatric pneumonia, etc.)

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KEY FINDINGS

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LIMITED OPPORTUNITIES FOR SHORT-TERM, DIRECT HEALTH CARE COST SAVINGS

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PEDIATRIC CARE IS DIFFERENT FROM ADULT CARE

- Health care spending is lower
- Largely focused on development and preventive care
- Fewer chronic conditions than adults

TRADITIONAL VBP MODELS DRIVE FOCUS ON ADULTS

- They benefit providers that reduce costs in a short time frame (1 year)
- Provider organizations participating in shared savings models often focus their care transformation efforts on the adult population

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INVESTMENT IN CHILD WELL-BEING PAYS OFF IN LONG TERM

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INVESTMENT IN KIDS HEALTH IS IMPORTANT

- Early investment in maternal and child health and education impact adult well-being
- Likely provides a return-in-investment over the long term

BUT NOT INCENTIVIZED IN CURRENT VBP MODELS

- ROI for kids is not short-term
- “Wrong pockets problem”
- VBP models serving pediatric populations may need to focus on quality and long-term outcomes (not short-term health savings)

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MOVING UPSTREAM TO FOCUS ON PREVENTION IS KEY

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MULTIGENERATIONAL APPROACHES

Health of children tied to health of their adult caregivers

Supporting families should be a central consideration in defining value in VBP models for pediatric populations

COORDINATION WITH OTHER SECTORS

- Health related social needs have big impacts on long-term health outcomes.
- Requires coordination with different systems than adults

- flexible payment streams
- Increased total payment
- Quality measures that incentivize HRSN interventions

PROMOTING HEALTH EQUITY

Health inequities in childhood impact lifelong health.

Measuring and tracking inequities is an essential component of VBP

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PROMISING VBP MODELS EMPHASIZE INVESTMENT IN CHILDREN AND OFFER PROSPECTIVE PAYMENT

PROSPECTIVE PAYMENTS

- Flexibility for pediatric providers to implement care models not traditionally reimbursed by FFS
- Enables pediatric providers to improve quality before savings are achieved

INCREASED INVESTMENT

- Acknowledges that investment in child health pays off in long-run, but is less likely to achieve short-term savings

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THERE IS AN OPPORTUNITY TO DEVELOP MORE MEANINGFUL OUTCOMES-BASED QUALITY MEASURES FOR CHILDREN

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- More **comprehensive outcomes-based measures** are needed for the pediatric population
  - Lack of standardized pediatric measures relating to behavioral health, chronic conditions, and patient- and family-centered care
- Important to develop and track metrics focused on **social needs and longer-term outcomes**
  - May not be appropriate to hold providers accountable for these
  - Potential to develop "bridge measures" that show progress towards long-term outcomes and are within providers' control

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VBP DESIGN SHOULD ACCOUNT FOR DIFFERENCES WITH PEDIATRIC-ONLY PROVIDERS

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PROVIDERS SERVING BOTH POPULATIONS

- Need for more pediatric-only measures, while balancing need to reduce administrative burden
- Could consider requirements for providers to implement pediatric-specific quality improvement initiatives

PEDIATRIC-ONLY PROVIDERS

- Could build different quality measure set, covering broader range of child health needs
- May need to tweak risk-adjustment to reflect majority-pediatric population
- May face additional barriers to implementing multigenerational approaches to care

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VBP ALONE IS INSUFFICIENT TO ADDRESS FUNDING AND DATA-SHARING BARRIERS TO UPSTREAM INTERVENTIONS

- More funding with greater flexibility is needed to address HRSNs is needed – including from sources outside of health care
- Improved data collection & data-sharing infrastructures
  - To enable data-sharing with CBOs to better address HRSNs
  - To link children and caregiver data within health care organizations

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POLICY & PROGRAM RECOMMENDATIONS

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DEFINE MASSACHUSETTS-SPECIFIC PEDIATRIC DELIVERY PRIORITIES

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DEFINE CARE DELIVERY PRIORITIES

Important to define what VBP model is intended to support.

Can prompt more attention to children's health within ACO model

1) Subpopulations of interest
2) Goals for each subpopulation
3) Indicators of progress
4) Promising care models

ADOPT LONGER-TERM OUTCOMES MEASURES

To incentivize long-term health and social outcomes

Consider whether proposed measures should be directly tied to payment or tracked for quality improvement only

EXPLICITLY DEFINE HEALTH EQUITY GOALS

Health inequities in childhood impact lifelong health.

Identify existing barriers to stratifying quality measures

*MassHealth is planning to offer incentives for ACOs to collect R/E/L data, stratify performance measures, and address health inequities

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EXPLORE PAYMENT MODEL FOR PEDIATRIC POPULATIONS THAT EMPHASIZES QUALITY IMPROVEMENT AND LONG-TERM ROI

- Direct more resources towards pediatric providers in ACO models to encourage investment in interventions focused on prevention
- Provide increased flexibility for pediatric providers to implement innovative models

*MassHealth is considering a primary care capitation requirement for its ACOs (not pediatric-specific)

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IDENTIFY OPPORTUNITIES TO INCENTIVIZE, ALIGN AND SUSTAIN EFFORTS TO INTEGRATE HEALTH AND SOCIAL SERVICES FOR PEDIATRIC POPULATIONS

- Consider guidelines or requirements for ACOs to implement pediatric quality improvement projects or adopt specific strategies for addressing children's HRSN.
- Additional funding to support cross-sector collaborations and HRSN interventions

*MassHealth plans to require ACOs to target a portion of Flexible Services programming to children and youth

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IDENTIFY AND SUPPORT PROVIDER PRACTICE CHANGES TO IMPLEMENT A MULTIGENERATIONAL APPROACH TO PEDIATRIC CARE

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- Through care delivery requirements and quality measures tied to ACO payments, encourage:
  - Screening for family needs
  - Family-centered care planning
  - Coordinating or co-locating behavioral health and social services, including home visiting
  - Partnerships with behavioral health or social service agencies

*MassHealth plans to allow ACOs to leverage Flexible Services nutritional supports at a family, rather than an individual, level.

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THANK YOU!

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